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	445343	A. BUILDING _____ B. WING _____	01/13/2010

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BRIDGE AT SOUTH PITTSBURG, THE	201 EAST 10TH STREET SOUTH PITTSBURG, TN 37380

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F 000	INITIAL COMMENTS Complaint investigation #24776, #24747, #24836, and #24617, were completed with the annual Recertification survey on January 11, 12, and 13, 2010. No deficiencies were cited related to the complaints under CFR Part 483.13, Requirements for Long Term Care Facilities.	F 000	**Disclaimer:** Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.	
F 241 SS=D	483.15(a) DIGNITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to provide dignity for one resident (#16) of twenty-seven residents reviewed. The findings included: Resident #16 was admitted to the facility on August 13, 2009, with diagnoses including Mental Retardation, Depression, and Anxiety. Medical record review of the Minimum Data Set dated November 15, 2009, revealed the resident had impaired short and long term memory, had difficulty making self understood, and required assistance with all activities of daily living. Observation on January 12, 2010, at 3:00 p.m., of the resident ambulating in the hallway revealed the resident's pants fell down exposing the buttocks. Observation continued to the therapy room where the pants fell to the resident's feet,	F 241	**F 241 Dignity** The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. **Resident affected:** Resident # 16 had clothing that did not fit appropriately. Once identified, the facility immediately purchased clothing that fit the resident. **Residents potentially affected:** All Residents have the potential to be affected. Social services/designee will conduct a clothing inventory on all residents. **Systemic measures:** Upon Admission, quarterly and PRN the SSD/designee will review clothing inventory sheet and resident for proper fitting clothing. If clothing needs replaced SS/designee will notify family if applicable to acquire clothing or purchase clothing from resident trust or facility funds. **Monitoring measures:** SS/Designee will report any findings in the morning meeting after an admission and in the QA meeting Monthly.	2-19-10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Administrator 1/29/2010

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 241	Continued From page 1 exposing the perianal area, and several residents of the opposite sex laughed. Interview on January 12, 2010, at 3:15 p.m., with the Registered Nurse for Staff Development (present when the pants fell down) in the therapy room, confirmed dignity was not provided for the resident.	F 241	**F248 Activities** The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. **Resident Affected:**	
F 248 SS=D	483.15(f)(1) ACTIVITIES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to provide activities of interest for one resident (#16) of twenty-seven residents reviewed. The findings included: Resident #16 was admitted to the facility on August 13, 2009, with diagnoses including Mental Retardation, Depression, and Anxiety. Medical record review of the admission Minimum Data Set (MDS) dated August 15, 2009, revealed the resident's activity interests were music and watching television. Medical record review of the MDS dated November 15, 2009, revealed the resident had impaired short and long term memory, had difficulty making self understood, and required assistance with all activities of daily living.	F 248	Resident #16 had an Activities assessment initiated and completed. The facility purchased sensory stimulating objects to place in room along with pictures on the wall. A television and radio was also placed in resident's room. 1:1 activities were initiated. **Residents potentially affected:** All residents have the potential to be Affected. Activity assessment will be conducted by the QOL director/designee to identify like/dislikes. **Systemic Measures:** The QOL director/designee will assess each resident's individual preferences for interests and hobbies, likes and dislikes identified by the resident or family. Residents will be reviewed on admission, quarterly or significant change, based on their MDS schedule and plan of care updated to reflect current abilities. **Monitoring Measures:** The QOL director/designee will address and discuss any concerns or issues identified. Report any decline in resident's participation in activities during weekly at risk meeting and during monthly QA.	2-19-10

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F 248	Continued From page 2 Medical record review of the Pre-Admission Screening and Resident Review (PASARR) dated December 4, 2009, revealed the resident has "...adequate vision and hearing...makes noises and communicates some needs non-verbally...requires sensory stimulation..." Observation on January 11, 2010, at 9:30 a.m., and January 12, 2010, at 3:00 p.m., of the resident's room revealed no personal items, ie: pictures, television, radio, magazines etc. Interview on January 12, 2010, at 4:30 p.m., with the activity assistant in the busy bee activity room revealed the resident did not like crowds, did not come to the activity room very often, and had not been assessed for like or dislikes for sensory toys, stuffed animals, simple puzzles, or other sensory items.	F 248	**F250 Social Services:** The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. **Resident Affected:** Resident # 16 room was decorated and items purchased to personalize the area and provide a home like environment. Clothing and sensory items were also purchased and placed in the room. **Residents potentially affected:** All Residents have the potential to be affected. Social services/designee will assess each resident to ensure resident needs are being met.	
F 250 SS=D	483.15(g)(1) SOCIAL SERVICES The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to provide social services to maintain the psychosocial well-being for one resident (#16) of twenty-seven residents reviewed. The findings included: Resident #16 was admitted to the facility on	F 250	**Systemic measures:** Upon admission, quarterly with care plan conferences and PRN families will be provided a list of personal items that can be brought into the facility to make the environment more homelike. SS/Designee will evaluate residents without families to identify and provide appropriate services to meet the needs of the resident. **Monitoring Measures:** New admissions will be discussed in weekly at risk meeting and any concerns will be addressed by the IDT team. SS/designee will notify family and report in monthly QA.	2-19-10

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F 250	Continued From page 3	F 250		

August 13, 2009, with diagnoses including Mental Retardation, Depression, and Anxiety. Medical record review of the Minimum Data Set dated November 15, 2009, revealed the resident had impaired short and long term memory, had difficulty making self understood, and required assistance with all activities of daily living.

Medical record review of the Pre-Admission Screening and Resident Review (PASARR) dated December 4, 2009, revealed the resident has adequate vision and hearing; makes noises and communicates some needs non-verbally; and requires sensory stimulation.

Observation on January 11, 2010, at 9:30 a.m., of the resident's room revealed no personal items, such as pictures, books, magazines, toys, television, or radio.

Observation and interview on January 12, 2010, at 3:15 p.m., in the resident's room with Certified Nurse Assistant (CNA) #1 revealed several old pairs of pants and shirts in the closet. Interview with the CNA revealed the clothing had been obtained from discharged residents that had donated clothing and did not fit this resident.

Review of the resident's Ledger Card revealed the resident had over $500.00 in the resident's trust fund account.

Interview with the Social Worker (SW) on January 12, 2010, at 4:10 p.m., in the conference room, confirmed the resident on admission to the facility had arrived with no personal items, and had no family to bring or purchase personal items including clothing. Interview revealed the SW was aware the resident did not have personal

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F 250	Continued From page 4 items in the room or clothing that fit adequately, and the resident had over $500.00 in the trust account. Continued interview with the SW revealed the resident was on a waiting list for two facilities that specialize in care for Mental Retardation, but would be three to five years before the resident would be accepted. Interview revealed the SW was not spending the resident's money now so the resident could take the money to the new facility.	F 250	**F252 Environment** The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. **Resident Affected:** Resident # 16 was assessed by QOL director and SS director. Resident # 16 room was decorated and items purchased to personalize the area and provide a home like environment. Clothing and sensory items were also purchased and placed in the room to include a television and Radio. **Residents potentially affected:** All residents have the potential to be affected. Social services/designee will assess each resident to ensure resident needs are being addressed and met. **Systemic measures:** Upon admission, quarterly with care plan conferences and PRN families will be provided a list of personal items that can be brought into the facility to make the environment more homelike. SS/Designee will evaluate residents without families to identify and provide appropriate services to meet the needs of the resident. **Monitoring measures:** New admissions will be discussed in weekly at risk meeting and any concerns will be addressed by the IDT team. SS/designee will notify family and report in monthly QA.	2-19-10
F 252 SS=D	483.15(h)(1) ENVIRONMENT The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to provide a homelike environment for one resident (#16) of twenty-seven residents reviewed. The findings included: Resident #16 was admitted to the facility on August 13, 2009, with diagnoses including Mental Retardation, Depression, and Anxiety. Medical record review of the Minimum Data Set dated November 15, 2009, revealed the resident had impaired short and long term memory, had difficulty making self understood, and required assistance with all activities of daily living. Medical record review of the Pre-Admission Screening and Resident Review (PASARR) dated December 4, 2009, revealed the resident has	F 252		

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F 252	Continued From page 5 adequate vision and hearing; makes noises and communicates some needs non-verbally; and requires sensory stimulation. Observation on January 11, 2010, at 9:30 a.m., and January 12, 2010, at 3:00 p.m., of the resident's room revealed no personal items, ie: pictures, television, radio, magazines etc. Interview on January 12, 2010, at 4:00 p.m., in the conference room, with the Director of Nurses confirmed the resident did not have any personal items in the room, and the room was not homelike.	F 252	**F 312 Activities of Daily Living** A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming and personal and oral hygiene. **Resident affected:** Resident # 2 was assessed and nail care was provided. Unit manager to ensure hygiene needs are being met. **Residents potentially affected:**	
F 312 SS=D	483.25(a)(3) ACTIVITIES OF DAILY LIVING A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to provide nail care for one resident (#2) of twenty seven reviewed residents. The findings included: Resident # 2 was admitted to the facility on February 13, 2009, with diagnosis including Acute Renal Failure, Diabetes Mellitus and Rhabdomyolysis. Medical record review of Minimum Data Set dated November 11, 2009, revealed the resident was totally dependent on staff for hygiene including nail care. Medical	F 312	All residents have the potential to be affected. The Unit Manager/designee will complete an audit of the residents in the facility to ensure all fingernails are cleaned and trimmed as needed. **Systemic measures:** The SDC/Designee will in-service direct care staff regarding ADL care. Nail care will be monitored by the Unit managers/designee on shower days and PRN to ensure compliance is being met. **Monitoring Measures:** Audit tool will be turned into the unit managers/designee and discussed during clinical meetings and report any discrepancies to the QA committee monthly .	2-19-10

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F 312	Continued From page 6 record review of the Nursing Assistant Care Plan currently in use revealed nail care checked as being provided by the nursing assistant. Observation of the resident's finger nails on January 11, 2010, at 10:00 a.m.; January 12, 2010, at 1:00 p.m.; and January 13, 2010, at 9:00 a.m., revealed the fingernails long, and soiled with brown debris. Interview with the Director of Nursing at the resident's bedside and at the 200 Hall nursing station, on January 13, 2010, at 9:10 a.m., confirmed the resident's finger nails were long, soiled with brown debris and required trimming and cleaning.	F 312	**F 323 Accidents and Supervision** The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistive devices to prevent accidents. **Resident Affected:** Resident #4 bed/chair alarm was assessed to ensure safety device was working properly. **Residents potentially affected:** All residents have the potential to be affected. Central supply/designee will assess bed/chair alarms to ensure all safety devices are operating and functioning properly. **Systemic measures:** Central supply/designee will implement a daily check system to ensure proper functioning of safety device equipment. Staff to be in-serviced on safety devices. **Monitoring Measures:** The daily monitoring sheets will be reviewed weekly during the at risk meeting. Any concerns or problems will be addressed at that time and a plan of action established. The facility QA will monitor monthly any identified area of concern.	
F 323 SS=D	483.25(h) ACCIDENTS AND SUPERVISION The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on medical record review, review of a facility investigation, observation, and interview, the facility failed to ensure a safety device was functional for one resident (#4) of twenty-seven residents reviewed. The findings included: Resident #7 was admitted to the facility on June 3, 2008, with diagnoses including Diabetic	F 323		2-19-10

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F 323	Continued From page 7 Neuropathy, Diabetes, Hypertension, Atrial Fibrillation, Peripheral Vascular Disease, Osteoarthritis, and Dementia. Medical record review of the Minimum Data Set (MDS) dated December 1, 2009, revealed the resident had short term memory problems, did not walk, and required extensive assistance with transfers. Medical record review of the Fall Risk Assessment dated June 22, 2009, revealed the resident was at high risk for falls. Medical record review of the Care Plan, reviewed on September 8, 2009, revealed " ...At risk for fall related injury...Bed/chair alarm..." Medical record review of the Interdisciplinary Progress Notes dated September 24, 2009, at 12:15 a.m., revealed "Resident found sitting on bottom in floor...@ (at) end of...bed going thru...chest drawers. Tells nurse...fell...denies pain, discomfort. Assessed for injuries. None apparent..." Review of the investigatio, provided by the facility revealed the bed alarm did not sound at the time of the resident's fall on September 24, 2009. Telephone interview on January 12, 2010, at 1:55 p.m., with Licensed Practical Nurse (LPN) #2, (LPN responsible for the resident's care on September 24, 2009) revealed the bed alarm did not sound at the time of the resident's fall, and the alarm was replaced. Interview on January 12, 2010, at 2:20 p.m., with the Director of Nursing, in the hallway, revealed at the time of the resident's fall on September 24, 2009, there was no system in place to check the functioning of the safety alarm, and it was	F 323		

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F 323	Continued From page 8 unknown when the safety alarm had been checked prior to the resident's fall on September 24, 2009.	F 323	**F 332 Medication Errors** The facility must ensure that it is free of medication error rates of five percent or greater.	
F 332 SS=D	483.25(m)(1) MEDICATION ERRORS The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to administer four of forty medications without error for two (#26, #27) of six residents observed, resulting in a ten percent medication error rate. The findings included: Medical record review of resident #26's physician's orders for January 2010, revealed "...Oyster shell calcium w/Vit D Os-cal 500+ D tab Give 1 tab by mouth once daily... Aspirin 81 mg chewable give 2 tablets (162 mg) by mouth daily (CVA)... Multivitamin tab Give 1 tablet by mouth every day..." Observation on January 14, 2010, 7:10 a.m., in the resident's room, revealed Licensed Practical Nurse (LPN) #1 administered two enteric coated (coating to dissolve in the small intestine and is non-chewable) Aspirin 81 mg; one Calcium 500 mg (no vitamin D); and one Multivitamin with minerals. Review of the physician's orders, and interview with LPN #1 on January 14, 2010, at 7:35 a.m.,	F 332	**Residents Affected:** Resident # 26, # 27 Medications were reviewed by the NP on 1/12/10. **Residents potentially affected:** All residents have the potential to be affected. Unit managers/designee completed a cart review to ensure availability of medications per physician orders. **Systemic measures:** Licensed staff will be in-serviced on the five rights of medication administration. Medication administration competency will be completed on licensed nurses by consultant pharmacist and SDC with written exam. **Monitoring Measures:** Medication administration competency will be completed on new hires (licensed nurses). The SDC/Designee will monitor 2 licensed nurses a month for medication compliance. The SDC/designee will report any deficient practice to the QA committee monthly.	2-19-10

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F 332	Continued From page 9 outside of room 228, confirmed two enteric coated Aspirin 81 mg were administered and the physician's order stated for the chewable form; one Calcium 500 mg was administered and the physician's order stated Calcium 500 mg with Vitamin D; and one Multivitamin with minerals was administered and the physician's order stated Multivitamin (without minerals). Medical record review of resident #27's physician's orders for January 2010, revealed "...Aspirin chewable 81 mg Give one tab by mouth every day..." Observation on January 14, 2010, 7:50 a.m., in the resident's room, revealed LPN #1 administered one enteric coated Aspirin 81 mg. Medical record review of the physician's orders and interview with LPN #1 on January 14, 2010, at 7:55 a.m., outside of room 228, confirmed one enteric coated Aspirin 81 mg was administered, and the physician's order stated for the chewable form.	F 332		

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